

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	13					
TOTAL CLAIMS	17					

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

1 1 1